
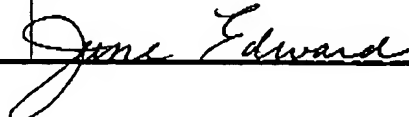


DOCKET NO. CS23289RL

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/775,987	
	Filing Date	FEBRUARY 10, 2004	
	First Named Inventor	ARNESON, ET AL.	
	Art Unit	2612	
	Examiner Name	JENKINS, KIMBERLY YVETTE	
Total Number of Pages in this Submission	9	Attorney Docket Number	CS23289RL

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	4-pages Remarks for Pre-Appeal Brief Request for Review
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs _____	
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	SYLVIA CHEN	Registration No.	39,633
Signature			
Date	20 APR 2006		

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	
Date	April 20, 2006

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FEE TRANSMITTAL				Complete if Known																																																																																																																																																																															
Patent fees are subject to annual revision				Application Number	10/775,987																																																																																																																																																																														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	February 10, 2004																																																																																																																																																																														
TOTAL AMOUNT OF PAYMENT (\$)				First Named Inventor	Arneson, et al.																																																																																																																																																																														
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																			
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity) For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(3) and 37 CFR 1.16(s). <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td></td> <td>150</td> <td>250</td> <td></td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =		150	250																																																																																																																																																																							
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5. OTHER FEE(S) (specify) Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$):																																																																																																																																																																																			
SUBMITTED BY Name (Print/Type): Sylvia Chen Signature: <i>Sylvia Chen</i> Registration No.: 39,633 Telephone: 847-523-1096 Date: 20 APR 2006																																																																																																																																																																																			